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ANNUAL REPORT OF THE  
GENERAL BOARD OF CONTROL  
FOR SCOTLAND  
for the year  
1958

*Presented to Parliament by the Secretary of State for Scotland  
by Command of Her Majesty  
November, 1959*

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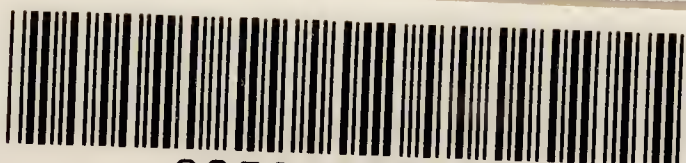
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# Report of the General Board of Control for Scotland for the year 1958

TO THE RIGHT HONOURABLE  
JOHN S. MACLAY, C.M.G., M.P.,  
*Secretary of State for Scotland*

SIR,

We, the General Board of Control for Scotland, have the honour to present a report on the work of the Board for the year 1958.

At a time when consultation is proceeding on the form that possible new mental health legislation might take, it seems to the Board appropriate that they should in this report review in more detail than usual the various duties at present undertaken by them.

The Board record their appreciation of the valuable services of Mr. T. B. Skinner as Secretary of the Board from January, 1957, until 8th June, 1959, when he relinquished the appointment on his promotion to Assistant Secretary in the Department of Health for Scotland.

## ANNUAL STATISTICS

### *Mental Patients*

At the end of 1958 the total number of persons who were under care for mental illness was 21,149 or 74 fewer than at the end of 1957.

These persons were placed as undernoted:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental hospitals (N.H.S.) . . . . .	9,907	10,764	20,671
State Mental Hospital . . . . .	131	7	138
Private mental hospital . . . . .	—	48	48
Private dwellings . . . . .	157	135	292
Totals . . . . .	<u>10,195</u>	<u>10,954</u>	<u>21,149</u>

Note: The above figures include patients absent on probation or conditional liberation.

Of the total number in mental hospitals (including the State Mental Hospital) 14,944 were certified patients (549 fewer than at the end of 1957) and 5,913 were voluntary patients (490 more than at the end of 1957).\*

The total number of admissions (excluding transfers) to mental hospitals during 1958 was 11,455 (426 more than in 1957). Admissions of voluntary patients increased by 530 to 8,802 but admissions of certified patients dropped by 104 to 2,653.†

The number of voluntary patients who left hospital during the year was 7,624 (427 more than in 1957). Discharges of certified patients (including discharges “by escape”) numbered 1,812 (259 fewer than in 1957) of whom about two-thirds were classified as “recovered.”

\*Table I of the Appendix shows the number of patients in each mental hospital.  
†Table II of the Appendix gives the number of admissions to each mental hospital including transfers from other mental hospitals.



*Mental Defectives*

At the end of 1958, the total number of certified mental defectives was 8,323 or 122 more than at the end of 1957.

These patients were placed as follows:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Institutions (N.H.S.) . . . . .	2,704	2,280	4,984
State Institution . . . . .	156	—	156
Certified institutions . . . . .	289	361	650
Under guardianship . . . . .	1,324	1,209	2,533
Totals . . . . .	4,473	3,850	8,323

Note: The above figures include patients absent on licence.

In addition there were 164 patients in institutions on an informal basis under the arrangements introduced in February, 1958.

The number of certified patients in institutions was 140 more than at the end of 1957, but the number under guardianship decreased by 18.

Admissions of certified defectives to institutions during the year numbered 392 (43 more than in the previous year)\* but in addition 156 patients were admitted on an informal basis. (49 patients were also transferred from certified to informal status.) The number of defectives placed under guardianship was 119 (13 less than in the previous year).

The total number of defectives discharged from compulsory detention (including those discharged “by escape”) was 256, an increase of 78 as compared with the previous year. Of these, 152 were discharged from detention in institutions (including those who remained on an informal basis) and 104 were discharged from guardianship.

VISITATION OF HOSPITALS

*General*

Probably the most important of the traditional functions of the Board is the visitation of all mental hospitals and mental deficiency institutions by their Medical Commissioners. In accordance with the statutory provisions, the Commissioners visit these establishments twice yearly for the purpose of interviewing both certified and voluntary patients and enquiring into any conditions which might affect their interests or welfare. On these visits, the Commissioners make a particular point of seeing the patients who had previously written to the Board requesting discharge or complaining about their treatment and in addition any other patients who request an interview. By their visits and their discussions with Physician Superintendents, the Commissioners are able to disseminate ideas for the improvement and development of mental hospitals and institutions.

The reports of the Commissioners’ visits are submitted to the monthly meetings of the whole Board. If a report contains any reference to unsatisfactory conditions and the point is considered of sufficient importance, they may instruct the Secretary to ask the Board of Management what action they are taking in the matter. During the year letters of enquiry were sent about such matters as catering arrangements, overcrowding, ventilation of dormitories, sanitary arrangements and unsatisfactory kitchen premises. Copies of the Commissioners’ reports are also sent to the Physician Superintendents, the Boards of Manage-

\*Table IV of the Appendix shows the number of certified patients in each institution and the number admitted during the year.



ment, Regional Hospital Boards and the Department of Health for Scotland.

The legal and lay Commissioners of the Board also visit the hospitals on occasion, particularly in connection with any special enquiries which may be necessary.

### *Summary of Reports of Medical Commissioners*

The wide range of treatment employed in modern mental hospitals includes not only physical and psychotherapeutic measures of treatment but also occupational therapy, recreational therapy and physical training. During recent years many new drugs have been introduced for the treatment of mental illness and are being widely used in the different mental hospitals with encouraging results.

An interesting development in occupational (or work) therapy has been the employment of hospital patients during the day in various forms of work outside the hospital for which they receive standard rates of pay; they return to the hospital in the evening and contribute an appropriate amount towards their board and lodging. A variation of this procedure, suitable for patients who may not be able to work outside the hospital, is for the hospital itself to accept work on a contractual basis from commercial firms, the work being done within the hospital by patients for suitable payment. An example of work undertaken by patients outside the hospital is agricultural work and from one hospital more than 50 patients go out to work on farms in the neighbourhood daily. Examples of work carried out within the hospital are threading and tagging labels and preparing advertisement envelopes; washing, drying and preparing sacks; repairing agricultural sacks and dismantling condemned G.P.O. telephones; sorting out coloured wool from waste yarn supplied by the local mills and making prefabricated boats and dinghies. In these occupations the patient has the socially valuable incentive of payment for work done.

In addition, patients are engaged in a wide range of occupations for hospital purposes. These are often of an interesting and practical kind, examples being landscape gardening, the making of cement blocks, and the making and repairing of furniture. In some hospitals domestic science classes are held for female patients, instruction being given in cooking and in the use of modern household appliances. The employment of patients on hospital farms has, for various reasons, declined during recent years in most mental hospitals and in certain cases the hospital farm has been sold. The poultry farm, however, is proving an increasingly useful field of work in some hospitals for female patients. Occupational therapy of the more traditional kind continues to be widely used and in one mental hospital an excellent new occupational therapy unit was built and opened during the year.

In many hospitals much importance is placed on the value of group activities and the treatment programme, including work and occupational therapy and recreational therapy, is often planned on a group basis. Recreational therapy covers a wide field ranging from social clubs, including clubs for ex-patients, to seaside holiday camps. Physical training is provided in many hospitals, often with the co-operation of education authorities and of the Scottish Council of Physical Recreation. In some hospitals parties of patients go by arrangement to clubs in the surrounding district, e.g., for swimming. The holiday camp referred to above proved a most successful innovation and as a result of the enthusiasm of the members of the nursing staff who volunteered to undertake the care of a group of about 30 patients, a further camp in which another mental hospital is joining, is being held in 1959.



In two hospitals beauty salons have been opened, supervised by members of the staff who have been seconded for training to a cosmetic firm. In both hospitals these salons have proved immensely popular with the patients and in the hairdressing departments of some hospitals arrangements have now been made for cosmetics to be issued on somewhat similar lines. Unfortunately there are still several hospitals where there is no hairdresser on the staff and where no hairdressing department exists.

There is only one completely "open-door" mental hospital in Scotland and not all psychiatrists agree that a completely "open-door" hospital is, in fact, necessary or even desirable. There is, on the other hand, much greater freedom in all the mental hospitals than usually existed some years ago and locked wards are very much in the minority in any hospital. Parole, week-end and holiday passes are widely used in the majority of hospitals.

There has been a continued improvement in the patients' dietary and menus, often associated with the appointment of a catering officer. In one or two mental hospitals the diet is outstandingly good, in many it is satisfactory, but in some there is still room for improvement. In some hospitals the arrangements for the serving of food also could well be improved. In two hospitals the hospital canteen and tea-rooms were enlarged and improved during the year.

A considerable percentage of the patients in mental hospitals are elderly and the standard of nursing skill employed in the care of these patients is very high. Interesting developments during the year have been the increasing efforts made to ensure that these older patients lead so far as possible a normal social life, e.g., by the formation of mixed social clubs, by visitation between male and female wards, etc. In one hospital mixed geriatric wards have now been opened with male and female nursing staff.

The standard of clothing for patients has improved but there is still room for further improvement, particularly in regard to the clothing for male patients and this is receiving special attention in some hospitals. Another problem in many hospitals is the provision of adequate facilities for pressing and cleaning clothes and for storing clothes. During the year in some hospitals additional lockers and wardrobes were provided and in at least one hospital there are now adequate facilities for storing clothes for every patient.

Overcrowding is still marked in certain parts of some hospitals. In a large number of hospitals the sanitary annexes have been until recently unsatisfactory and inadequate, in some cases grossly inadequate. Progress has been made in the renovation of these annexes during the year and this renovation has, indeed, in certain hospitals been one of the major building projects. Much, however, still remains to be done before all sanitary annexes conform to modern standards.

During the year a new admission unit was opened in one hospital and the construction of a new 80-bed unit was commenced in another hospital. Re-wiring has been carried out in many hospitals and new heating installed in two. A sign of the times has been the closing down of a pavilion for tuberculosis patients in a general hospital attached to a mental hospital and its adaptation for the use of older patients suffering from mental illness.

A gratifying feature is the warm personal interest taken in the patients in most hospitals by voluntary helpers drawn from many sources, e.g., Auxiliary Associations, Leagues of Friends, the British Red Cross and the Women's Voluntary Services. The value of this voluntary help cannot be assessed too highly and is shown in a wide variety of ways such as the personal visitation of patients in hospital, the invitation to patients to visit private homes, trolley and library services, gifts and bus outings.



During the year reports by Commissioners drew attention to the transformation that was being effected in the appearance and in the amenities of many hospitals by redecoration, repainting, renovation and refurnishing. It is probable that this upgrading of the mental hospitals is the most important single advance made in the mental hospital service in recent years in so far as it immediately affects patients' wellbeing and welfare. These improvements in the material conditions of mental hospitals are of particular importance in view of the fact that many of the patients may be in residence for relatively long periods. Unfortunately the rate of progress in some hospitals is, by reason of financial limitations, still very slow. The contrast between the renovated and refurnished wards and those that still require upgrading is often a disturbing one and much in the way of upgrading still remains to be done before all the mental hospitals can provide, in all parts of the hospital, the standard of accommodation to which the patients are entitled and which is essential if the doctors and nurses are to be able to carry out their curative work adequately.

In their reports during recent years the Commissioners have frequently drawn attention to the risks to patients which would occur if there was an outbreak of fire. During the year one fire occurred in a mental hospital, fortunately without resulting in injury to any patients. Reports of surveys carried out by fire inspectors are receiving careful attention by the hospitals concerned.

The shortage of medical staff, particularly of senior medical staff, has been noted in previous reports. At present in many hospitals there is a serious burden upon the senior medical staff who, in addition to their hospital duties may have to devote much time at out-patient clinics, and this necessarily limits the full development of the psychiatric service. In two or three hospitals general practitioners act as part-time members of the staff. In one hospital a well attended and successful week-end course was organised during the year for general practitioners.

### CERTIFIED INSTITUTIONS AND PRIVATE MENTAL HOSPITAL

The Board are responsible for the licensing and supervision of the certified institutions for mental defectives and the private mental hospital which are owned and managed by the Roman Catholic authorities. There are five certified institutions and the number of patients for which they are at present licensed is shown below—

St. Aidan's	.	.	.	.	.	60 males
St. Charles'	.	.	.	.	.	66 males and 74 females
St. Joseph's	.	.	.	.	.	285 patients of either sex
St. Mary's (Barrhead)	.	.	.	.	.	90 females
St. Mary's (Galashiels)	.	.	.	.	.	80 females

These institutions provide accommodation for about one-ninth of the total number of mental defectives under institutional care in Scotland and are of great help in providing mental deficiency beds for the National Health Service. The Secretary of State has in fact contracted for the use of practically the whole of this accommodation.

Two of the institutions, St. Mary's (Barrhead) and St. Mary's (Galashiels) provide accommodation for female patients over the age of 16 and give excellent training in domestic work to suitable patients. St. Charles' and St. Joseph's provide accommodation primarily for children; St. Charles' admits educable children, while St. Joseph's admits children of all grades. Classes are provided in both institutions for patients capable of receiving education or training.



St. Aidan's is for male patients over 16 years of age who are trained in a wide variety of occupations both indoor and outdoor with a view to helping them to take their place in the community later on.

In common with the mental deficiency institutions under the National Health Service, the certified institutions are visited twice a year by the Board's Medical Commissioners. A high standard of care and training is maintained in all five institutions. During 1958 a new extension providing accommodation for an additional 27 patients was opened at St. Mary's (Barrhead). The institution authorities were concerned for a time about a proposal contained in a development plan under the Town and Country Planning (Scotland) Acts for the erection of houses of a tenement type adjacent to and overlooking the institution. As a result of representations, however, the proposal was modified to the satisfaction of the institution authorities. During the year a new chapel and a residential wing providing accommodation for 50 additional patients were completed at St. Mary's (Galashiels).

The hospital run by the Roman Catholic authorities is St. Andrew's Private Mental Hospital, Stirches, Hawick, which is licensed for the reception of 48 female patients. The patients, who are admitted purely on a private basis, receive very good care in pleasant surroundings.

#### MENTAL PATIENTS: DISCHARGE

The discharge of certified mental patients is normally a matter for the Physician Superintendent himself, but the Board have the power to order the discharge of a patient following upon a report by two independent doctors showing that he has recovered or may be discharged without risk of injury to himself or to others. During the year the Board arranged for four patients to be examined by two independent doctors, but in each case the report of the doctors confirmed that the patient was not yet sufficiently recovered to be discharged.

Where discharge of a patient has been requested by a relative but the Physician Superintendent represents to the Board that the patient is not fit for discharge, or the local health authority represents that the arrangements for his welfare would not be adequate, the patient may not be discharged without the sanction of the Board. During the year the Board considered six cases of this type; in each one they refused to sanction the patient's discharge.

While the Board are not normally responsible for the discharge of certified mental patients, they have the duty in all cases of sanctioning the absence of such patients on probation. During the year the number allowed out on probation was 357 as compared with 325 in 1957. Taking into account the number already on probation at the beginning of the year, the total number on probation in the course of 1958 was 527. Of these 148 were discharged at the end of their period of probation, 143 were sent back to mental hospitals, 17 were transferred to guardianship in private dwellings and 7 died. The number still on probation at the end of 1958 was 212.

#### MENTAL DEFECTIVES: DETENTION AND DISCHARGE

When a mental defective is certified and placed in an institution or under guardianship, the original authority for his detention expires after one year unless it is continued from time to time by decisions of the Board. The question of further detention falls to be determined by the Board before the original authority is due to expire, one year later, and every three years thereafter, and



also when the patient attains the age of 21. In reviewing the case of each patient, the Board are required to have regard to a medical report as to the need for further care and also the means of care and supervision which would be available to the patient if he were discharged. In addition the information contained in the Board's records about the individual patients and the personal knowledge which the Medical Commissioners have of many of them are of great assistance to the Board in reaching a decision. The number of patients whose cases fall to be so reviewed by the Board increases yearly and during 1958 the number amounted to 3,156.

There is a statutory right of appeal to the sheriff against the continued detention of a defective. Where this right is exercised, the Board as respondent have to furnish answers to the appeal or other written statement. It is necessary for them to arrange for medical evidence to be given on their behalf at the hearing of the appeal at which they are represented by a solicitor. The number of appeals to the sheriff in past years was normally about 30, but within the last year or two the number has dropped considerably. During 1958, nine appeals were made to the sheriff but all were dismissed.

Apart from the right of the sheriff to order the discharge of a patient, the discharge of mental defectives from compulsory detention is in all cases the responsibility of the Board. During the year they authorised the discharge of about 200 patients, but some of the patients discharged from institutions remained on an informal basis under the arrangements introduced in February, 1958.

In the case of patients in mental deficiency institutions, the discharge of a defective is usually preceded by a trial period on licence for which the Board's sanction is required. During the year, the number of patients allowed out on licence was 141 as compared with 172 in 1957. Taking into account the number already on licence at the beginning of the year, the number of patients on licence in the course of 1958 was 556; of these, 49 were discharged, 90 were sent back to institutions, two were transferred to guardianship and two died. The number still on licence at the end of 1958 was 413.

#### ACCIDENTS TO PATIENTS

Reports are received by the Board from the mental hospitals and institutions about all major accidents sustained by patients. Where considered appropriate, enquiries are made into the circumstances.

All cases of fatal accidents, or accidents which have a fatal termination, are submitted to the monthly meetings of the whole Board who may decide to hold an immediate enquiry or refer the matter to the Medical Commissioners for enquiry at their next visit to the hospital concerned. The number of such accidents during 1958 was 65. The Board are particularly concerned about the deaths of elderly patients for which fractures as a result of falls were largely responsible. If non-slip floor coverings were more generally used or traditional floor surfaces were less highly polished, this might help in reducing the number of these unfortunate occurrences.

#### BOARDED-OUT PATIENTS

The Board have a duty to visit all boarded-out mental patients and mental defectives under guardianship; this visitation is carried out by their Deputy Commissioners. These patients also require to be visited at stated intervals by medical officers and welfare officers of the local health authorities.



The Deputy Commissioners also visit patients who are absent on probation from mental hospitals. These patients are also visited by members of the staff of the hospital concerned or, where this is not convenient, the hospital arranges for visitation to be carried out on their behalf by officers of the local health authorities.

Patients who are absent on licence from mental deficiency institutions are supervised by the Board's social worker. This officer visits the patients, reports to the Board on their circumstances and makes any recommendations for their discharge or return to the institution as may be appropriate. Copies of the reports are sent to the Physician Superintendents of the institutions concerned.

The number of patients visited during the year by officers of the Board under the above arrangements was about 3,000. The general standard of care was again found to be satisfactory, both where the patients were with relatives and where they resided with other guardians.

In September, 1958, the responsibility for the maintenance of boarded-out mental patients, patients on probation from mental hospitals and patients on licence from mental deficiency institutions was transferred from the Regional Hospital Boards to the National Assistance Board. The local health authorities, however, continued, in accordance with the statutory provisions, to be responsible for the maintenance of mental defectives under guardianship.

#### WARDS UNDER CURATORY

Where a person is incapable by reason of mental incapacity of managing his own affairs his estate may be placed under the management of a curator bonis; particulars of such cases are reported to the Board by the Accountant of the Court of Session. The number of cases so reported during 1958 was 219 of whom 161 were in mental hospitals and mental deficiency institutions and 58 were in private dwellings. The total number of wards under curatory at the end of the year was 1,705.

The Board have a duty to visit all wards under curatory whether they are in private dwellings or in mental hospitals, in order to ensure that they are being properly looked after. Wards who are patients in mental hospitals are seen by the Medical Commissioners on their statutory visits, and where the allowance being received for additional comforts is considered insufficient, the curator bonis is asked to consider the possibility of increasing the amount. Wards who are resident in private dwellings are visited periodically by the Board's Deputy Medical Commissioners.

Where the Board are satisfied that the property of any patient is not properly safeguarded it is their duty to report the matter to the Lord Advocate with a view to the presentation by him of a petition to the Court of Session for the appointment of a curator bonis. Such cases arise only infrequently; during the year one case was reported to the Lord Advocate, but the patient became capable of managing her own affairs before the curator bonis was appointed.

#### REPORTS TO THE COURT UNDER THE DIVORCE (SCOTLAND) ACT, 1938

Where an action of divorce is brought on the ground of the incurable insanity of the petitioner's spouse, it is the duty of the Board to furnish the Court with a report as to the probability of recovery of the patient. At the hearing of the action an officer of the Board attends the Court for the purpose of speaking to the report. During the year 20 such reports were furnished to the Court, an increase of 11 as compared with the number in 1957.



This aspect of the Board's work may well increase in the future. Under the Act of 1938, divorce on the ground of incurable insanity could be obtained only in relation to a certified patient. As a result, however, of the passing of the Divorce (Insanity and Desertion) Act, 1958, an action of divorce on that ground is now competent also in respect of a voluntary patient or, indeed, any person who has been receiving care and treatment for mental illness (whether in a mental hospital or other hospital) for the requisite minimum period of five years. A number of preliminary enquiries were received by the Board before the end of the year in connection with actions which were being instituted in respect of voluntary patients.

With new methods of treatment which have achieved success in many cases of chronic mental illness, it is difficult at times to express a definite opinion on the probability of recovery, but experience over many years has shown that the predictions given in the Board's reports to the Court have generally proved correct.

#### MENTAL HEALTH STATISTICS

A number of statistical tables in this series were published for the first time in last year's report. These tables which had been prepared from the information contained in index cards furnished by mental hospitals since 1955, classified the patients according to age, length of stay, diagnosis and social class.

Further tables which are reproduced in the supplement to this report give similar classifications for patients admitted to mental hospitals during 1958. The supplement also includes a number of tables relating to patients in mental deficiency institutions, who are classified according to age, grade of defect and social class. These tables by showing the position for patients resident in mental deficiency institutions at 31st December, 1955, and patients admitted during 1956, 1957 and 1958, correspond in this respect to the tables published for patients in mental hospitals.

#### STATE INSTITUTION FOR DEFECTIVES AND STATE MENTAL HOSPITAL, CARSTAIRS

The Board are responsible for the management of the State Institution for Defectives and of the State Mental Hospital which occupy adjacent sites at Carstairs. The State Institution is for mental defectives of dangerous or violent propensities: the State Mental Hospital is for persons of unsound mind detained during Her Majesty's Pleasure or found unsuitable for an ordinary mental hospital. One Medical Superintendent is in charge of both the Institution and the Hospital; there is also a Deputy Medical Superintendent.

The work of managing these establishments has become an increasingly important task. In 1948, when the Board became responsible for the management of the State Institution, it had only 21 patients. In October, 1957, when the Institution was transferred to new buildings, the number of patients had increased to 90. At the same time, the State Mental Hospital was established and 99 male patients were transferred from the Criminal Lunatic Department of Perth Prison. In November, 1958, five female patients, formerly in the Criminal Lunatic Department and who had continued for the time being to occupy a separate building at Perth Prison, were transferred to Carstairs. At the end of the year the total number of patients at Carstairs was 238. In addition, however, there were 55 patients who were absent on licence or conditional liberation; these patients are under supervision and are subject to recall at any time should this be made necessary because of their behaviour.



As most of the patients in both the State Mental Hospital and the State Institution have come from the Courts and have a history of violence and aggression, the hazard of danger to themselves and to others requires a high standard of security and vigilance. The security arrangements are constantly under review and various measures for improving them were decided upon in the course of the year. Apart from physical obstacles to prevent escape, a large staff of nurses requires to be employed for the supervision of the patients. During the year an additional 17 male nurses were engaged and the number employed at the end of the year was 89. In addition two whole-time and ten part-time female nurses were employed for the care and supervision of the female patients.

The liberation of the patients or their transfer to ordinary mental hospitals and institutions requires much anxious consideration. Monthly visits are paid to Carstairs by the Chairman and Medical Commissioners of the Board who, in company with the Medical Superintendent and his Deputy, see the patients whose cases merit consideration. The liberation or transfer of patients detained during Her Majesty's Pleasure is the responsibility of the Secretary of State and in those cases the Board's recommendations are passed to the Scottish Home Department for their consideration and for submission to the Secretary of State. As an extension of these arrangements, the Chairman and Medical Commissioners also make recommendations to the Scottish Home Department in respect of such patients previously transferred to ordinary mental hospitals or released on conditional liberation. Before patients are liberated either from the State Mental Hospital or the State Institution, arrangements are made by an officer of the After-Care Council for suitable employment and residence to be made available to the patient and for his supervision by two guardians of whom one is usually a doctor. The patients report at stated intervals to these guardians and they are also visited periodically by the After-Care Officer and by the medical staff of Carstairs or Deputy Medical Commissioners of the Board.

All forms of psychiatric treatment are provided for the patients at Carstairs including individual psychotherapy, group therapy, occupational therapy, electro-convulsive therapy and a discriminate use of the wide range of modern drugs. The patients receive medical and dental treatment from a local doctor and dentist, while the consultants at Law Hospital in medicine, surgery, dermatology and ophthalmology also visit Carstairs regularly. On two occasions seven major operations were performed in the theatre of the State Mental Hospital, the theatre and nursing staff being provided by its own personnel who were certificated in general nursing.

At the beginning of 1958 the number of patients resident in the State Institution for Defectives was 95 but during the year no fewer than 41 new patients were admitted, of whom 26 were ordered to be detained under the provisions of the Criminal Justice (Scotland) Act, 1949, and 15 were admitted by transfer from ordinary mental deficiency institutions. In addition six patients who had been absent on licence were recalled. During the year 17 patients left the Institution of whom 12 were liberated on licence and 5 transferred to ordinary mental deficiency institutions. At the end of the year 125 patients were resident in the Institution but in addition 30 patients were absent on licence.

The number of patients resident in the State Mental Hospital at the beginning of 1958 was 104. During the year 27 male patients were admitted of whom 15 were ordered to be detained during Her Majesty's Pleasure, 9 were admitted on Orders of the Court under the provisions of the Criminal Justice (Scotland) Act,



1949, and 3 were admitted by transfer from prison. In addition four patients were recalled from conditional liberation and two were recalled from ordinary mental hospitals. During the year 3 patients died and 26 left the hospital. Of the patients who left hospital, 2 were unconditionally liberated, 7 were released on conditional liberation, 14 were transferred to ordinary mental hospitals, one was transferred to the State Institution and 2 were returned to prison on recovery from their mental illness. The number of patients resident in the State Mental Hospital at the end of the year was 113 (108 males and 5 females) but in addition 25 were absent on conditional liberation.

The great increase in the admission rates to both establishments requires new building and more staff and negotiations were taking place at the end of the year for the construction of a further 30-bed block at the State Mental Hospital and of additional staff houses. Plans were also being made for the building of a hospital block for 16 patients and a new occupational therapy department at the State Mental Hospital. In addition the provision of a recreation hall for the staff was in hand.

A general oversight of the conduct of the State Institution and Mental Hospital is exercised by the whole Board: the meetings of the Board are held twice yearly at Carstairs when they take the opportunity of inspecting and commenting on conditions.

We are, Sir,

Your obedient servants,

J. JARDINE, *Chairman*.

J. A. LILLIE.

HUGH ROSE.

GARNET D. WILSON.

A. A. TEMPLETON.

H. B. CRAIGIE.

L. M. D. MILL.

E. J. C. HEWITT.

J. WILL, *Secretary*,

Edinburgh, 31st July, 1959.





# APPENDIX—TABLE 1

NUMBER AND CLASSIFICATION OF PATIENTS IN EACH MENTAL HOSPITAL ON  
31ST DECEMBER, 1958

Name of Mental Hospital	Address	Name of Superintendent	Number of Certified Patients			Number of Voluntary Patients			Total Number of Patients
			M.	F.	T.	M.	F.	T.	
Aberdeen Royal .	Aberdeen .	Dr A. M. Wyllie .	351	405	756	78	151	229	985
Argyll and Bute .	Lochgilphead, Argyllshire	Dr I. MacCammond .	233	205	438	47	37	84	522
Bangour . .	Broxburn, . W. Lothian	Dr A. K. M. Macrae .	376	444	820	139	148	287	1,107
Bellsdyke . .	Larbert .	Dr A. P. Russell .	569	477	1,046	93	109	202	1,248
Bilbohall . .	Elgin . .	Dr T. Dymock . .	91	84	175	9	4	13	188
Craig Dunain .	Inverness .	Dr M. M. Whittet .	388	334	722	166	170	336	1,058
Crichton Royal .	Dumfries .	Dr J. Harper . .	86	123	209	457	556	1,013	1,222
Dingleton . .	Melrose .	Dr G. M. Bell . .	118	149	267	83	96	179	446
Dundee Royal .	Dundee .	Dr I. R. C. Batchelor	225	272	497	76	94	170	667
Dykebar . .	Paisley .	Dr J. M. Rosie . .	168	174	342	41	50	91	433
East Lothian .	Haddington .	Dr A. B. Hegarty .	81	91	172	16	19	35	207
Gartloch . .	Gartcosh, Glasgow	Dr J. W. Macpherson	358	340	698	51	61	112	810
Glasgow Royal .	Glasgow .	Dr A. MacNiven .	141	256	397	148	366	514	911
Glengall . .	Ayr . .	Dr H. J. Brawn Miller	161	193	354	98	116	214	568
Hartwood . .	Shotts, Lanarkshire	Dr W. N. J. Chapman	755	626	1,381	137	148	285	1,666
Hawkhead . .	Cardonald, Glasgow	Dr J. Milne . .	574	477	1,051	86	81	167	1,218
Kingseat . .	Newmachar, Aberdeen- shire	Dr R. A. Y. Stewart .	334	302	636	70	66	136	772
Ladysbridge .	Banff . .	Dr T. Dymock . .	—	3	3	—	—	—	3
Montrose Royal .	Montrose .	Dr J. C. Anderson .	268	296	564	102	159	261	825
Murray Royal .	Perth . .	Dr J. McDougall .	32	42	74	82	107	189	263
Murthly . .	Murthly, Perthshire	Dr J. McDougall .	141	167	308	80	100	180	488
Ravenscraig .	Greenock .	Dr R. H. Mitchell .	148	122	270	37	53	90	360
Riccartsbar . .	Paisley .	Dr D. Mackenzie .	104	133	237	28	60	88	325
Rosslynlee . .	Midlothian .	Dr A. B. Hegarty .	173	170	343	29	36	65	408
Royal Edinburgh .	Edinburgh .	Dr T. A. Munro .	238	341	579	197	260	457	1,036
Stoneyetts . .	Chryston, Glasgow	Dr J. Macleod . .	161	117	278	33	18	51	329
Stratheden . .	Cupar, Fife .	Dr D. Ross . .	434	449	883	81	111	192	1,075
Woodilee . .	Lenzie, Glasgow	Dr W. A. Cramond .	479	538	1,107	84	77	161	1,178
Cuninghame Home Mental Wards	Irvine . .	Mr A. Young . .	25	26	51	2	1	3	54
Long Island Home Mental Wards	Lochmaddy .	Mr D. J. MacInnes .	9	12	21	5	1	6	27
Royal Alexandra Infirmary Annexe Mental Wards	Paisley .	Mr J. Craig . .	34	40	74	—	—	—	74
Southern General Hospital Mental Wards	Glasgow .	Dr C. Mackay . .	55	51	106	29	35	64	170
Woodcot Home Mental Wards	Stonehaven .	Mr R. Hutchison .	13	15	28	—	—	—	28
St. Andrew's Private Mental Hospital	Hawick .	Sister Mary Magdalen	—	9	9	—	39	39	48
		<i>Totals</i> .	7,323	7,483	14,806	2,584	3,329	5,913	20,719



# APPENDIX—TABLE II

NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS AND DEATHS DURING 1958 FOR EACH MENTAL HOSPITAL

Name of Mental Hospital	CERTIFIED PATIENTS										VOLUNTARY PATIENTS							
	Admissions (including Transfers from other Mental Hospitals)		Discharges				Transfers				Deaths		Admissions		Left		Deaths	
			Recovered	Relieved	Not Improved		To other Mental Hospitals		To Private Dwellings									
					M.	F.	M.	F.	M.	F.								
Aberdeen Royal	54	75	25	37	2	2	—	—	2	4	3	2	137	217	126	198	5	8
Argyll and Bute	38	50	9	13	3	9	—	—	—	2	1	2	54	62	42	56	3	4
Bangour .	73	90	22	35	5	9	—	—	3	1	—	—	192	210	175	179	6	13
Bellsdyke	52	65	16	25	6	1	—	—	3	7	1	2	125	184	105	148	9	10
Bilbohall	13	11	10	8	—	—	—	—	1	—	—	—	10	16	7	16	1	1
Craig Dunain .	35	30	26	24	4	2	1	—	1	1	—	—	335	379	274	322	28	33
Crichton Royal	32	29	8	7	18	11	3	3	4	6	—	—	624	618	563	564	43	55
Dingleton .	14	31	9	10	4	3	—	—	—	—	—	—	103	165	80	144	10	21
Dundee Royal	24	50	23	32	1	1	—	—	23	14	—	—	130	240	115	222	3	5
Dykebar .	19	39	16	35	9	14	—	—	1	1	—	—	51	74	36	46	4	2
East Lothian .	12	22	4	6	1	4	—	—	—	1	1	—	14	29	8	24	2	2
Gartloch .	104	97	33	45	30	5	—	—	1	—	—	—	158	115	154	91	7	11
Glasgow Royal	29	67	10	23	12	11	1	8	3	2	—	—	162	332	131	269	23	47
Glengall .	39	69	22	36	21	32	—	—	—	2	—	—	244	370	209	338	12	10
Hartwood .	76	89	30	26	11	28	2	—	5	3	2	—	213	262	184	238	14	20
Hawkhead .	118	135	55	84	25	7	5	1	3	1	—	—	236	170	216	147	11	13
Kingseat .	64	81	34	51	9	—	—	1	—	1	—	—	167	208	166	197	2	5
Ladysbridge .	—	—	—	—	—	7	—	—	—	—	—	—	—	—	3	2	1	1
Montrose Royal	55	36	10	11	4	3	3	—	1	—	—	—	65	81	37	46	19	33
Murray Royal .	8	13	3	2	3	5	2	—	—	2	—	—	124	142	107	124	11	18
Murthly .	11	20	3	7	2	4	—	1	1	—	—	1	50	54	27	36	13	8
Ravensraig .	21	26	5	3	4	6	1	—	—	1	—	—	59	74	48	67	6	8
Riccartsbar .	11	31	4	15	2	4	—	3	13	6	—	—	47	70	42	58	3	3
Rosslynlee .	28	40	6	9	11	16	1	1	1	2	—	—	60	98	50	81	3	7



Royal Edinburgh	48	78	5	14	26	23	4	1	3	6	—	—	23	44	293	217	267	205	22	22
Stoneyetts	17	25	10	12	2	—	—	—	—	—	—	—	14	20	21	7	33	7	1	2
Stratheden	76	102	11	28	32	41	5	1	2	1	1	—	52	48	152	250	137	236	8	6
Woodilee	121	175	109	99	12	13	—	—	2	6	—	—	61	62	163	120	106	102	17	9
Cunninghame Home	—	2	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Mental Wards	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Long Island Home	1	1	—	—	5	1	—	—	—	—	—	—	—	—	6	1	1	—	—	—
Mental Wards	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Royal Alexandra	—	—	—	—	—	—	—	—	3	2	—	—	6	6	—	—	—	—	—	—
Infirmery Annexe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Wards	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Southern General	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospital Mental	—	1	—	1	—	—	—	—	1	—	—	—	4	5	8	17	3	1	5	13
Wards	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Woodcot Home	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Mental Wards	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Andrew's Private	—	4	—	—	—	—	—	—	—	1	—	—	—	1	—	17	—	8	—	6
Mental Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	1,193	1,584	519	698	264	262	28	22	77	74	10	9	577	787	4,003	4,799	3,452	4,172	292	396
Totals, male and female combined	2,777		1,217		526		50		151		19		1,364		8,802		7,624		688	



# APPENDIX—TABLE III

Number of Orders granted by the Sheriffs under Section 14 of the Lunacy (Scotland) Act, 1862, for the Admission of Certified Patients to Mental Hospitals and the Names and Addresses of the Mental Hospitals to which the Orders were sent

Sheriffdom	Name and Address of Mental Hospital		No. of Orders	Total
Aberdeen, Kincardine & Banff	Aberdeen Royal Mental Hospital	Aberdeen	107	231
	Crichton Royal Institution	Dumfries	1	
	Hawkhead Mental Hospital	Glasgow	1	
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	121	
	Montrose Royal Mental Hospital	Montrose	1	
Ayr & Bute	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	5	110
	Crichton Royal Institution	Dumfries	1	
	Glengall Mental Hospital	Ayr	103	
	Hartwood Mental Hospital	Shotts, Lanarkshire	1	
Caithness, Sutherland, Orkney & Zetland	Aberdeen Royal Mental Hospital	Aberdeen	11	18
	Craig Dunain Mental Hospital	Inverness	1	
	Kingseat Mental Hospital	Newmachar, Aberdeenshire	6	
Dumfries & Galloway	Crichton Royal Institution	Dumfries	35	35
Fife & Kinross	Royal Mental Hospital for Mental Disorders	Edinburgh	1	172
	Stratheden Mental Hospital	Cupar, Fife	171	
Inverness, Moray, Nairn and Ross & Cromarty	Bilbohall Mental Hospital	Elgin	24	74
	Craig Dunain Mental Hospital	Inverness	50	
Lanark	Bellsdyke Mental Hospital	Larbert	13	1,007
	Craig Dunain Mental Hospital	Inverness	1	
	Crichton Royal Institution	Dumfries	7	
	Dykebar Mental Hospital	Paisley	5	
	Gartloch Mental Hospital	Gartcosh, Glasgow	187	
	Glasgow Royal Mental Hospital	Glasgow	69	
	Glengall Mental Hospital	Ayr	1	
	Hartwood Mental Hospital	Shotts, Lanarkshire	151	
	Hawkhead Mental Hospital	Glasgow	238	
	Ravenscraig Mental Hospital	Greenock	1	
	Riccartsbar Mental Hospital	Paisley	7	
	St. Andrew's Private Mental Hospital	Hawick	2	
	Southern General Hospital Mental Wards	Glasgow	1	
	Stoneyetts Mental Hospital	Chryston, Glasgow	42	
	Woodilee Mental Hospital	Lenzie, Glasgow	282	
Perth & Angus	Montrose Royal Mental Hospital	Montrose	57	
	Murray Royal Mental Hospital	Perth	14	
	Murthly Mental Hospital	Murthly	30	
	Stratheden Mental Hospital	Cupar, Fife	3	
	Westgreen Mental Hospital	Dundee	71	175



APPENDIX—TABLE III—*Continued*

Sheriffdom	Name and Address of Mental Hospital		No. of Orders	Total
Renfrew & Argyll	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	43	120
	Dykebar Mental Hospital	Paisley	48	
	Royal Edinburgh Hospital for Mental Disorders	Edinburgh	1	
	Glasgow Royal Mental Hospital	Glasgow	1	
	Riccartsbar Mental Hospital	Paisley	27	
Roxburgh, Berwick & Selkirk	Dingleton Mental Hospital	Melrose	40	42
	St. Andrew's Private Mental Hospital	Hawick	2	
Stirling, Dunbarton & Clackmannan	Argyll and Bute Mental Hospital	Lochgilphead, Argyllshire	14	128
	Bellsdyke Mental Hospital	Larbert	94	
	Dykebar Mental Hospital	Paisley	1	
	Royal Edinburgh Hospital for Mental Disorders	Edinburgh	2	
	Gartloch Mental Hospital	Gartcosh, Glasgow	1	
	Glasgow Royal Mental Hospital	Glasgow	10	
	Hartwood Mental Hospital	Shotts, Lanarkshire	3	
	Hawkhead Mental Hospital	Glasgow	2	
	Murray Royal Mental Hospital	Perth	1	
The Lothians and Peebles	Bangour Mental Hospital	Broxburn, West Lothian	150	369
	Bellsdyke Mental Hospital	Larbert	1	
	Dingleton Mental Hospital	Melrose	3	
	East Lothian Mental Hospital	Haddington	32	
	Hartwood Mental Hospital	Shotts, Lanarkshire	1	
	Hawkhead Mental Hospital	Glasgow	1	
	Rosslynlee Mental Hospital	Roslin, Midlothian	65	
	Royal Edinburgh Hospital for Mental Disorders	Edinburgh	116	
<i>Total</i>				2,441



# APPENDIX—TABLE IV

NUMBER OF CERTIFIED DEFECTIVES ON REGISTER OF EACH MENTAL DEFICIENCY INSTITUTION ON 31ST DECEMBER, 1958,  
AND THE NUMBER OF ADMISSIONS, DISCHARGES, TRANSFERS AND DEATHS DURING 1958

Name of Institution	Address	Name of Superintendent	Number of Defectives on Register of Institution		Admissions*		DISCHARGES												Transfers to other Institution				Deaths							
							From provisions of Mental Deficiency (Scotland) Acts																							
							To Guardianship			To Mental Hospitals																				
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.										
Baldovan . . .	by Dundee . .	Dr M. M. Macrae .	260	192	452	5	2	7	5	—	5	—	5	—	5	1	—	—	1	—	—	1	—	—	1	—	—	7	3	10
Birkwood . . .	Lesmahagow .	Dr J. S. Dawson .	162	104	266	50	12	62	1	—	1	—	1	—	1	—	—	—	1	—	—	1	—	—	—	—	3	1	4	
Broadfield . . .	Port Glasgow .	Miss M. D. Morrison	69	84	153	29	2	31	1	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	1	3	
Caldwell House .	Uplawmoor, Renfrewshire	Miss M. Young .	66	55	121	13	7	20	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	9	16	5	2	7	
Cuninghame Home .	Irvine, Ayrshire .	Mr A. Young .	21	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dunlop House . .	Dunlop, Ayrshire .	† . . .	33	38	71	6	12	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	12	—	—	—	—	
East Fortune . .	Drem, East Lothian	Dr W. A. Murray .	8	1	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Gogarburn . . .	Edinburgh . .	Dr R. R. Bailey .	411	289	700	20	13	33	8	5	13	—	—	—	1	—	—	—	—	—	—	—	—	9	9	—	4	—	4	
Kirklands . . .	Bothwell, Lanarkshire	Dr J. S. Dawson .	121	101	222	5	5	10	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	6	2	1	—	3	
Ladysbridge . .	Banff . . .	Dr T. Dymock . .	109	100	209	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	5	3	8	
Lennox Castle . .	Lennoxtown . .	Dr R. C. MacGillivray	784	652	1,436	50	61	111	28	11	39	1	1	2	—	1	1	1	—	—	—	—	41	1	42	18	14	—	32	
Royal Scottish National	Larbert . . .	Dr J. Methven . .	563	343	906	53	39	92	4	—	4	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	2	1	—	3
Strathore . . .	Thornton, Fife .	Dr D. Ross . . .	50	53	103	—	1	1	1	1	2	1	—	—	1	—	—	—	—	—	—	—	—	1	1	—	1	—	1	1
Waverley Park . .	Kirkintilloch .	Miss E. J. Barclay .	—	144	144	—	9	9	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	4	4	—	—	1	—	1
Windsor Home . .	Falkirk . . .	Miss C. M. Mac-Andrew	—	84	84	—	5	5	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3
Woodhill House . .	Westburn Road Aberdeen	Dr Moore Taylor .	8	4	22	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Woodlands . . .	Cults, Aberdeenshire	Dr Moore Taylor .	39	26	65	1	1	2	37	17	54	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3	—	3
St. Aidan's Certified	Gattonside, Melrose	Bro. Jas. Hughes .	89	—	89	5	—	5	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Charles' Certified	Carstairs . . .	Sister Celestine Carroll	72	69	141	13	4	17	11	1	12	1	2	3	—	—	—	—	—	—	—	—	—	6	6	—	—	—	—	—
St. Joseph's Certified	Rosewell, Midlothian	Sister Mary Lydiate .	128	155	283	3	4	7	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	6	—	6
St. Mary's (Barrhead) Certified	Barrhead, Renfrewshire	Sister Anthony McLindon	—	64	64	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Mary's (Galashiels) Certified	Galashiels . .	Sister Gabriel . .	—	73	73	—	17	17	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
State Institution for Defectives	Carstairs . . .	Dr J. McL. Johnston	156	—	156	41	—	41	5	—	5	—	—	—	—	—	—	—	—	—	—	—	5	—	5	—	—	—	—	—
Totals			3,149	2,641	5,790	300	204	504	108	44	152	5	4	9	2	1	3	66	46	112	44	44	—	—	—	—	—	—	—	88

\* Figures of Admissions include transfers from other institutions and from guardianship

† Vacant at date of Report



SUPPLEMENT

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MENTAL HEALTH  
STATISTICAL  
TABLES

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Table M.H.S. 14

## MENTAL HOSPITALS

## PATIENTS ADMITTED DURING 1958 ACCORDING TO DIAGNOSIS AND AGE \*

I.S.C. No.	Diagnosis	All Ages		0—		16—		20—		25—		35—		45—		55—		65—		75 and over	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
020-026	Syphilis . . . . .	30	17	1	—	—	—	—	—	4	—	9	6	9	5	4	4	2	1	1	1
082	Acute infectious encephalitis . . . . .	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
083	Late effects of acute infectious encephalitis . . . . .	2	8	—	—	—	1	—	—	—	—	—	3	2	3	—	—	—	—	—	—
193, 223	Neoplasms, brain and C.N.S. . . . .	—	3	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—
300	Schizophrenic disorders . . . . .	1,079	942	7	5	51	39	144	71	398	265	253	267	138	154	66	90	20	44	2	7
301	Manic-depressive reaction . . . . .	876	1,645	1	2	13	15	19	34	77	172	142	296	230	396	240	392	133	267	21	71
302	Involuntional melancholia . . . . .	170	558	—	—	—	—	—	1	—	1	4	39	29	186	75	210	57	105	5	16
303	Paranoia and paranoid states . . . . .	127	218	—	—	—	—	—	2	11	14	32	39	42	61	27	53	11	40	4	9
304	Senile psychosis . . . . .	329	708	—	—	—	—	—	—	—	—	—	—	—	—	5	10	105	212	219	486
305	Presenile psychosis . . . . .	29	59	—	—	—	—	—	—	—	—	—	—	3	8	20	33	5	10	1	8
306	Psychosis with cerebral arterio-sclerosis . . . . .	262	240	—	—	—	—	—	—	1	1	—	—	7	7	46	21	114	97	94	114
307	Alcoholic psychosis . . . . .	109	23	—	—	—	—	—	1	7	2	26	2	36	8	28	5	11	4	1	1
308	Psychosis of other demonstrable etiology . . . . .	153	121	3	2	9	9	13	11	27	27	25	19	37	24	26	15	9	11	4	3
309	Psychoses, other and unspecified . . . . .	104	176	—	—	—	2	1	4	6	12	18	25	19	28	24	49	20	33	16	23
	<i>Psychoses, all forms (except puerperal) . . . . .</i>	3,270	4,719	12	10	73	66	177	124	531	495	509	696	552	881	561	883	487	825	368	739
310	Anxiety reaction . . . . .	195	222	2	—	4	2	12	28	54	67	62	54	34	34	20	21	7	13	—	3
311	Hysterical reaction . . . . .	51	137	1	2	1	21	11	11	14	30	13	35	5	21	5	13	1	4	—	—
312	Phobic reaction . . . . .	3	8	—	—	—	1	—	—	1	3	—	3	1	1	1	—	—	—	—	—
313	Obsessive-compulsive reaction . . . . .	17	40	—	—	—	1	—	1	3	10	6	16	4	8	—	2	1	2	—	—
314	Neurotic-depressive reaction . . . . .	296	621	—	2	4	11	7	27	58	119	69	180	68	116	56	104	30	51	4	11
315-317	Psychoneurosis with somatic symptoms . . . . .	12	15	—	—	—	—	1	1	1	1	5	5	3	3	1	5	1	—	—	—
318	Psychoneurotic disorders, other and unspecified . . . . .	32	29	1	—	—	—	2	1	4	6	4	9	7	6	8	5	5	1	1	1
	<i>Psychoneuroses, all forms . . . . .</i>	606	1,072	6	4	9	36	34	69	135	236	159	302	122	189	91	150	45	71	5	15



320	Pathological personality . . .	344	165	6	2	19	13	37	22	99	45	93	47	70	28	17	7	3	1	—
321	Immature personality . . .	38	39	11	4	3	6	9	9	3	10	7	6	3	3	1	1	1	—	—
322	Alcoholism . . .	618	111	—	—	—	—	2	—	61	13	171	46	220	36	133	9	28	4	3
323	Other drug addiction . . .	25	18	—	—	—	—	—	1	4	2	5	5	8	6	7	3	1	1	—
324	Primary childhood behaviour disorders . . .	24	7	24	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
325	Mental deficiency . . .	91	76	4	5	13	4	13	7	21	17	23	15	7	16	9	8	—	2	2
326	Other character, behaviour and intelligence disorders . . .	28	16	19	7	7	4	—	1	—	1	1	2	—	1	—	—	—	—	—
	<i>Character, behaviour and intelligence disorders, all forms . . .</i>	1,168	432	64	25	42	27	61	40	188	88	300	121	308	90	167	28	33	8	5
330-334	Vascular lesions of C.N.S. . .	32	31	—	—	—	—	—	—	1	—	—	—	2	3	7	6	15	13	7
343, 344	Inflammatory diseases of C.N.S. . .	2	3	—	—	—	1	—	—	—	—	—	1	—	—	2	1	—	—	—
345	Multiple sclerosis . . .	4	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—
350	Paralysis agitans . . .	1	2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—
351, 352	Cerebral paralysis . . .	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
353	Epilepsy . . .	59	36	4	2	9	2	4	2	11	7	21	9	8	8	1	3	1	3	—
355	Other diseases of brain . . .	14	8	—	1	—	—	2	—	—	1	2	—	7	6	3	—	—	—	—
356	Miscellaneous diseases of C.N.S. . .	1	—	—	—	—	—	—	11	—	32	—	10	1	—	—	—	—	—	—
688.1	Puerperal psychosis . . .	—	53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
780	Symptoms—nervous system and senses . . .	2	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—
793	Observation without need for further medical care . . .	13	2	—	—	—	—	—	—	5	—	4	1	—	—	3	1	1	—	—
794	Senility without psychosis . . .	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	6
—	Miscellaneous and unclassified . . .	22	13	1	—	2	1	1	2	3	2	4	1	4	1	6	2	—	2	2
	<i>All diagnoses . . .</i>	5,196	6,383	87	42	135	133	279	248	876	861	1,000	1,143	1,006	1,180	841	1,076	584	924	388
																				776

\* Figures include transfers from other mental hospitals.

Table M.H.S. 15

## MENTAL HOSPITALS

PATIENTS ADMITTED DURING 1958 ACCORDING TO DIAGNOSIS AND SOCIAL CLASS

I.S.C. No.	Diagnosis	SOCIAL CLASS*									
		Class I		Class II		Class III		Class IV		Class V	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
020-026	Syphilis . . . . .	—	1	—	—	14	4	4	8	—	4
082	Acute infectious encephalitis . . . . .	—	—	—	—	—	—	—	—	—	—
083	Late effects of acute infectious encephalitis . . . . .	—	—	—	—	—	—	—	—	—	—
193, 223	Neoplasms, of brain and C.N.S. . . . .	—	—	1	—	—	—	—	1	1	—
300	Schizophrenic disorders . . . . .	—	—	—	—	—	—	—	—	—	—
301	Manic-depressive reaction . . . . .	29	10	76	98	411	251	154	296	78	113
302	Involuntional melancholia . . . . .	48	34	140	174	333	374	131	170	94	54
303	Paranoia and paranoid states . . . . .	2	7	37	41	66	99	20	29	31	16
304	Senile psychosis . . . . .	3	6	10	28	52	44	26	32	24	4
305	Presenile psychosis . . . . .	11	4	39	58	139	75	47	53	25	40
306	Psychosis with cerebral arteriosclerosis . . . . .	2	2	4	9	15	10	4	3	3	1
307	Alcoholic psychosis . . . . .	10	3	37	20	128	44	29	42	8	16
308	Psychosis of other demonstrable etiology . . . . .	5	—	44	5	36	—	8	12	1	4
309	Psychoses, other and unspecified . . . . .	1	—	17	8	59	23	8	46	7	22
		2	3	13	12	37	24	22	20	21	10
	<i>Psychoses, all forms (except puerperal)</i> . . . . .	113	70	418	453	1,290	950	453	712	293	284
											772
310	Anxiety reaction . . . . .	8	7	26	18	90	65	23	39	7	9
311	Hysterical reaction . . . . .	—	3	11	19	14	46	11	13	12	2
312	Phobic reaction . . . . .	—	—	—	—	3	5	—	—	1	—
313	Obsessive-compulsive reaction . . . . .	1	3	2	6	10	11	—	1	3	3
314	Neurotic-depressive reaction . . . . .	6	7	37	69	126	146	59	55	43	13
315-317	Psychoneurosis with somatic symptoms . . . . .	—	4	1	2	5	1	—	6	2	—
318	Psychoneurotic disorders, other and unspecified . . . . .	2	4	3	4	11	7	3	7	1	6
	<i>Psychoneuroses, all forms</i> . . . . .	17	28	80	118	259	281	96	121	69	33
											101



320	Pathological personality	.	.	.	.	.	1	19	17	137	37	47	63	96	14	39	33
321	Immature personality	.	.	.	.	.	1	1	2	9	10	5	13	8	5	14	8
322	Alcoholism	.	.	.	.	.	4	158	23	259	35	52	28	76	11	22	10
323	Other drug addiction	.	.	.	.	.	3	7	5	8	3	—	5	3	—	2	2
324	Primary childhood behaviour disorders	.	.	.	.	.	—	1	2	12	1	2	2	3	—	6	2
325	Mental deficiency	.	.	.	.	.	—	2	2	14	3	15	24	25	11	34	36
326	Other character, behaviour and intelligence disorders	.	.	.	.	.	1	2	2	5	6	4	2	4	1	13	4
	<i>Character, behaviour and intelligence disorders, all forms</i>	.	.	.	.	.	10	190	53	444	95	125	137	215	42	130	95
330-334	Vascular lesions of C.N.S.	.	.	.	.	.	1	3	2	12	2	3	20	6	1	7	5
343, 344	Inflammatory diseases of C.N.S.	.	.	.	.	.	—	2	—	—	1	—	2	—	—	—	—
345	Multiple sclerosis	.	.	.	.	.	—	—	—	2	—	1	—	—	—	—	—
350	Paralysis agitans	.	.	.	.	.	—	—	—	1	1	—	1	—	—	—	—
351, 352	Cerebral paralysis	.	.	.	.	.	—	—	—	—	1	—	1	—	—	—	—
353	Epilepsy	.	.	.	.	.	1	3	2	12	7	11	14	21	1	12	11
355	Other diseases of brain	.	.	.	.	.	—	1	—	7	—	2	6	4	—	—	2
356	Miscellaneous diseases of C.N.S.	.	.	.	.	.	—	—	—	1	—	—	—	—	—	—	—
688.1	Puerperal psychosis	.	.	.	.	.	—	—	3	—	10	—	34	—	2	—	4
780	Symptoms—nervous system and senses	.	.	.	.	.	—	—	—	1	—	—	1	1	—	—	—
793	Observation without need for further medical care	.	.	.	.	.	—	—	—	6	1	2	1	5	—	—	—
794	Senility without psychosis	.	.	.	.	.	—	2	1	—	1	—	3	—	—	—	4
—	Miscellaneous and unclassified	.	.	.	.	.	—	1	1	9	3	3	3	5	2	4	4
	<i>All diagnoses</i>	.	.	.	.	.	110	700	633	2,044	1,353	696	2,879	1,090	410	470	998

\* Social Class as in terms of the Classification of Occupations Census, 1951





IV	S	325	734	5	6	11	23	32	44	104	89	64	96	45	135	37	121	18	114	9	106
	M	293	1,426	—	—	—	5	5	43	129	269	62	346	84	341	66	242	28	123	19	57
	W	57	652	—	—	—	—	—	—	1	5	4	26	7	55	12	141	8	229	25	196
	Sp.	9	29	—	—	—	—	1	3	2	6	2	9	2	2	—	6	2	3	—	—
	D	11	26	—	—	—	—	—	—	—	1	5	9	4	9	2	3	—	3	—	1
	N.K.	1	12	—	—	—	—	—	—	—	—	—	—	1	2	—	1	—	1	—	8
	Totals	696	2,879	5	6	11	28	38	90	136	370	137	486	143	544	117	514	56	473	53	368
V	S	540	123	5	1	22	13	70	15	149	18	110	19	92	18	157	24	19	9	16	6
	M	436	239	—	—	2	—	11	9	62	41	96	66	104	48	99	44	48	29	14	2
	W	79	43	—	—	—	—	—	—	—	—	1	1	12	9	19	14	20	11	27	8
	Sp.	18	3	—	—	—	—	—	—	4	1	6	1	4	—	3	1	—	—	1	—
	D	16	2	—	—	—	—	—	—	1	—	6	1	6	—	3	1	—	—	—	—
	N.K.	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
	Totals	1,090	410	5	1	24	13	81	24	216	60	219	88	219	75	181	84	87	49	58	16
Not known	S	316	400	49	22	42	25	41	29	69	52	42	45	30	58	25	46	7	63	11	60
	M	101	249	—	—	—	—	1	7	7	42	17	65	9	46	19	40	31	30	17	19
	W	38	320	—	—	—	—	—	—	—	—	—	7	3	16	4	52	16	91	15	154
	Sp.	4	13	—	—	—	—	—	—	—	3	—	4	2	4	2	1	—	1	—	—
	D	2	10	—	—	—	—	—	—	—	—	2	5	—	1	—	2	—	2	—	—
	N.K.	9	6	—	—	—	1	1	—	—	1	—	—	—	—	1	1	3	2	4	1
	Totals	470	998	49	22	42	26	43	36	76	98	61	126	44	125	51	142	57	189	47	234

\* Social Class as in terms of the Classification of Occupations Census, 1951

† In this column S=single, M=married, W=widowed, Sp.=separated, D=divorced and N.K.=not known

Table M.H.S. 17

MENTAL HOSPITALS

PATIENTS DISCHARGED DURING 1958 ACCORDING TO DURATION OF STAY

Category	Under 1 Week	1 Week	1 Mth.	2 Mths.	3 Mths.	6 Mths.	9 Mths.	12 Mths.	18 Mths.	2 Yrs.	3 Yrs.	5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	25 Yrs.	30 Yrs. & over	All durations
Certified	M.	16	50	110	123	155	72	31	27	44	35	68	29	22	13	14	15	883
	F.	17	36	107	186	233	82	49	34	38	47	60	26	18	14	19	26	1,057
Voluntary	M.	259	898	1,009	461	471	134	62	34	24	18	15	6	3	—	2	—	3,442
	F.	150	863	1,232	809	710	169	73	26	35	14	19	4	3	—	—	1	4,156

Table M.H.S. 18

MENTAL HOSPITALS

MEDIAN DURATION OF STAY OF PATIENTS DISCHARGED DURING 1958

Category	DURATION OF STAY		
	Less than 1 year	1 year but less than 5 years	5 years and over
Certified	12-19 wks.	101-11 wks.	All durations 24-99 wks.
	13-53 wks.	99-03 wks.	
Voluntary	5-94 wks.	89-85 wks.	6-24 wks.
	7-22 wks.	92-00 wks.	7-46 wks.



MENTAL DEFICIENCY INSTITUTIONS  
SEX AND AGE DISTRIBUTION OF PATIENTS AND RATES PER 100,000 SCOTTISH POPULATION

A. PATIENTS RESIDENT AT 31ST DECEMBER, 1955				B. PATIENTS ADMITTED DURING 1956, 1957 AND 1958*												
Age Group	Numbers		Rates		Admissions during 1956				Admissions during 1957				Admissions during 1958			
	M.	F.	M.	F.	Numbers		Rates		Numbers		Rates		Numbers		Rates	
					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0—	629	410	94	63	117	77	17	12	104	69	16	11	165	81	23	12
16—	404	258	257	154	50	23	32	14	44	33	28	20	59	46	38	27
20—	409	294	252	161	12	9	7	5	24	22	15	12	25	24	15	13
25—	634	494	178	134	25	19	7	5	27	20	8	5	23	23	7	6
35—	477	509	143	146	10	11	3	3	18	11	5	3	17	13	5	4
45—	310	365	93	102	6	7	2	2	12	7	4	2	8	12	2	3
55—	82	136	36	47	5	3	2	1	5	2	2	1	3	5	1	2
65—	41	44	29	22	—	—	—	—	—	—	—	—	—	—	—	—
75 and over	6	11	8	10	—	—	—	—	—	—	—	—	—	—	—	—
All Ages	2,992	2,521	122	94	225	149	9	6	234	164	9	6	300	204	12	8

\* Figures include transfers from other mental deficiency institutions.

Table M.H.S. 20

MENTAL DEFICIENCY INSTITUTIONS

PATIENTS RESIDENT AT 31ST DECEMBER, 1955, ACCORDING TO AGE, GRADE OF DEFECT AND SOCIAL CLASS

Social Class *	Grade of Defect	All Ages		AGE GROUPS												65—		75 & over				
				0—		16—		20—		25—		35—		45—		55—		65—		75 & over		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
I	Idiot . . . . .	6	8	—	2	—	1	3	—	—	1	3	—	—	—	1	—	—	—	—	—	—
	Imbecile . . . . .	20	14	1	1	2	1	—	—	3	1	2	5	3	1	—	1	—	—	—	—	
	Feeble-minded . . . . .	10	6	—	—	2	1	2	1	2	1	4	1	1	2	—	—	—	—	—	—	
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals . . . . .	36	28	13	9	1	3	4	1	6	5	6	6	4	3	2	1	—	—	—	—	
II	Idiot . . . . .	15	9	1	—	1	—	3	1	3	1	—	—	—	—	—	1	—	—	—	—	
	Imbecile . . . . .	52	53	4	5	2	8	8	11	11	4	—	—	5	10	1	1	—	—	1	—	
	Feeble-minded . . . . .	49	22	9	—	5	3	14	8	6	5	—	—	3	3	1	—	—	—	—	—	
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals . . . . .	116	84	40	25	14	5	8	11	25	20	18	9	8	13	2	1	—	—	1	—	
III	Idiot . . . . .	56	56	2	5	6	1	3	6	2	5	—	—	—	—	—	1	—	—	—	—	
	Imbecile . . . . .	266	164	34	16	19	13	53	31	39	33	20	15	20	15	7	5	1	—	—	—	
	Feeble-minded . . . . .	193	119	43	20	26	24	34	16	24	22	15	12	15	12	1	3	2	1	—	—	
	Moral Defective . . . . .	3	—	—	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	
	Totals . . . . .	518	339	79	41	51	38	92	53	65	60	36	27	36	27	8	9	3	1	—	—	
IV	Idiot . . . . .	24	15	4	1	1	1	3	3	—	1	2	—	—	2	—	—	—	—	—	—	
	Imbecile . . . . .	137	106	9	7	16	8	34	17	21	22	16	13	16	13	2	4	1	5	1	—	
	Feeble-minded . . . . .	174	129	31	16	32	16	37	29	19	29	11	13	11	13	4	9	3	3	—	—	
	Moral Defective . . . . .	2	1	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	—	—	—	
	Totals . . . . .	337	251	44	24	49	25	75	49	40	53	28	28	28	28	6	13	4	8	1	—	





Table M.H.S. 21

MENTAL DEFICIENCY INSTITUTIONS

PATIENTS ADMITTED DURING 1956 ACCORDING TO AGE, GRADE OF DEFECT AND SOCIAL CLASS

Social Class *	Grade of Defect	All Ages		AGE GROUPS																	
				0—		16—		20—		25—		35—		45—		55—		65—		75 & over	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I	Idiot . . . . .	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Imbecile . . . . .	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Feebleminded . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals . . . . .	3	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
II .	Idiot . . . . .	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Imbecile . . . . .	3	5	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Feebleminded . . . . .	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals . . . . .	8	8	6	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
III	Idiot . . . . .	5	3	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Imbecile . . . . .	21	20	19	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Feebleminded . . . . .	14	7	8	2	3	4	1	1	2	—	—	—	—	—	—	—	—	—	—	
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals . . . . .	40	30	32	20	3	4	1	3	3	2	—	—	—	—	—	—	—	—	—	
IV	Idiot . . . . .	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Imbecile . . . . .	11	9	4	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Feebleminded . . . . .	18	14	7	4	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Totals . . . . .	30	25	12	9	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	





Table M.H.S. 22

MENTAL DEFICIENCY INSTITUTIONS

PATIENTS ADMITTED DURING 1957 ACCORDING TO AGE, GRADE OF DEFECT AND SOCIAL CLASS

Social Class *	Grade of Defect	All Ages		AGE GROUPS																	
				0—		16—		20—		25—		35—		45—		55—		65—		75 & over	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I	Idiot . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	2	1	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
	Feeble-minded . . . . .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	3	1	2	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
II	Idiot . . . . .	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	7	6	5	3	1	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—
	Feeble-minded . . . . .	2	2	1	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	10	8	7	3	2	3	—	—	1	—	—	—	—	—	1	—	—	—	—	—
III	Idiot . . . . .	10	5	8	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	15	20	11	13	—	—	2	1	—	1	1	3	1	1	—	—	—	—	—	—
	Feeble-minded . . . . .	16	8	10	5	3	1	—	2	2	—	—	—	1	1	—	—	—	—	—	—
	Moral Defective . . . . .	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
	Totals . . . . .	42	33	29	23	5	1	2	3	2	1	1	3	3	1	—	1	—	—	—	—
IV	Idiot . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	11	6	7	3	1	—	—	—	1	2	—	1	1	—	—	1	—	—	—	—
	Feeble-minded . . . . .	13	2	4	—	3	—	3	1	3	—	—	—	—	1	—	—	—	—	—	—
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	24	8	11	3	4	—	3	1	4	2	—	1	1	1	—	1	—	—	—	—





Table M.H.S. 23

MENTAL DEFICIENCY INSTITUTIONS

PATIENTS ADMITTED DURING 1958 ACCORDING TO AGE, GRADE OF DEFECT AND SOCIAL CLASS

Social Class *	Grade of Defect	All Ages		AGE GROUPS															
				0—		16—		20—		25—		35—		45—		55—		65—	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
I	Idiot . . . . .	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Feeble-minded . . . . .	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	4	2	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
II	Idiot . . . . .	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	6	2	3	2	—	—	3	—	—	—	—	—	—	—	—	—	—	—
	Feeble-minded . . . . .	3	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	10	3	5	3	—	—	4	—	—	—	—	—	—	—	—	—	—	—
III	Idiot . . . . .	10	6	10	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	23	10	18	6	2	1	1	—	2	1	—	—	—	—	—	—	—	—
	Feeble-minded . . . . .	13	13	6	9	3	1	2	—	1	2	1	—	—	—	—	—	—	—
	Moral Defective . . . . .	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	46	30	34	18	5	6	3	—	3	3	1	1	—	1	—	—	—	—
IV	Idiot . . . . .	2	2	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	Imbecile . . . . .	7	5	5	4	1	—	—	1	—	—	—	—	—	—	—	—	—	—
	Feeble-minded . . . . .	15	12	3	2	4	4	3	2	2	2	1	—	—	—	—	—	—	—
	Moral Defective . . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Totals . . . . .	24	19	9	8	6	4	3	3	2	2	2	—	—	—	—	—	—	—





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